

## DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION DIVISION OF CAREER EDUCATION

Check A	ppropriate	Box
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Number 60-920-001 Form FV-1 (Salary)

P.O. Box 480, Jefferson City, Missouri 65102-0480	1st Sem 2nd So	em Summer Full Year
ADULT AND POSTSECONDARY SALARY BUDGET	District Code	Ph. Number

FOR CAREER EDUCATION PROGRAMS							Dist	District Name									
FOR STATE OFFICE USE ONLY						Mailing Address											
School No.	Program Code	Are Coe		Paid	Year Code Chrg	Purpose	Expenditure	Reimburse- ment	State Amount	Federal Amount	Source	Program (1) Code		(2) Staff Members Name	(3) Amount	Months Employed (F)	Time Devoted To This G Program
														Social Security No.			
									(6)		1			Social Security No.			
									Assignments	•	2						
									(List Course		3 4						
									Name or Other)		5						
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									(6)		1			Social Security No.			
									(6) Assignments	•	2						
											3						
									(List Course Name or Other)		4 5						
									. tanic or other)		6						

We hereby certify that the information reported herein is correct to the best of our knowledge and belief.

School Administrator\_

Date Signed	